	Ι.	REGISTRAR			CERT	IFICATE OF DEATH'	REG. N	, JO.	
£		CEASED NAME E OR PRINT)	Emma	Ame	lia	Bigelow	20. DATE OF DEATH February	2, 1984	26. HOUR 3:30r
2	3. SE	X Female		RACE		E OF BIRTH	6. AGE (IN YEARS LAST B		AR IF UNDER 24 H
رانا	70. B	IRTHPLACE (STATE OR aryland	FOREIGN 7	b. CITIZEN OF WHAT	COUNTRY? 8 MAR	1 5, 1888  RIED NEVER MARRIED  WED X DIVORCED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
Soffied /	1	ITY OR TOWN OF DE Kent		Kent & Que	AL, NURSING HOM Y. GIVE STREET ADDRESSI EEN Anne	e OR OTHER INSTITUTION  Hospital	128. USUAL OCCUPAL TYPE OF WORK 10R MOST SCHOOL E		OF BUSINESS O
Poula De	M	d.	13b COUNT Kent	THER INSTITUTION GIVE RES	TY OR TOWN STEPTOWN	YES NOW	RFD F	airlee 2	1620
Heredine President	14. F/	J'öhn	Wesle	Joiner	LAST	15. MOTHER'S MAIDEN Affiel:	ia Walbert		LAST
- Pages	16a. \	WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES) 217	36 0688			nestertown	, Md.
a burial, crematian, ar rem jury, ar ather traumatic eve	2	4292 Conditions, if any gove rise to im couse (a), stati underlying couse	mediate ng the e last.	DUE TO, OR AS A  (b)  DUE TO, OR AS A		. /		lan	lo
ows any in	CERTIFICATION	198 DATE OF OPERA	TION	196. CONDITION F	OR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	TOL IF PES, WERE FINI	DINGS USED ES OF DEATH?
rial-transit ental Hygin tem 18 sh		218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME OF INJUI HOUR A.M. M P.M.	RY ONTH DAY YEA	R	CURRED (ENTER NATURE OF INJ		
as the bu	MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	711 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
of Healt		saw the deceas above, (I) (we) (	ed alive on_	I) attended the deced view the body after de	19	and that in (my) (aur) apin		lote and hour and from t	
tachec e Dept		226. SIGNATURE	2 <	0	L	DEGREE	MEDICAL STA	27c. DA 2/	TE SIGNED 5/84
Stot A		228 PHYSIC ANSIN	100	The		PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSI	CIAN	

STATE OF MARYLAND

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)

126. KIND OF BUSINESS OR Farmer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

\_, that (1) (we) last

3:30p M

IF UNDER 24 HRS

Burial 2/5/84 \$t. Paul's Cemetery Chestertown, Md. near 250. DATE REC'D. BY REGISTRAR 256 AGGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Chestertown, Md. 1984 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

The real of the same of the same of AND THE PERSON THE PER and the resumment of the mile (mg) testación (mg)

executed within 24 hours ofter death. Pag

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	98/	
	CEASED NAME JOSEPH	RAL	PH BO	OOKE	AST 2	70 DATE OF DEATH MON	8, 1984	+ 12;30
3 SE	MALE	4 RACE CA	UC.	5. DATE C	B. 17, 1917	6 AGE (IN YEARS LAST BIRTHDAY	YRS MONTHS DAY	
	RTHPLACE ISTATE OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR CO KENT		MD.
10. C	"CHESTERTOEN	'KENT	**E"QUEE!	ODRESS)NI	NES HOSPITAL	GROCER	PRKING LIFEI INDUSTR	OF BUSINESS OR
130 N	AL RESIDENCE (IF NURSING HOME O	ENT	GIVE RESIDENCE BEFORE		13d, INSIDE CITY LIMITS? YES NO	BOXET 50 RESS AN	n st.	4661
	EVITT	MIDDLE	BOOKER		ELSTE	M#DDLE	PRICE	LAST
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	216-09-		JO ANN ADA	AMS Box 92		ville
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE  DITRIBUTING TO D	NCE OF	drug hour	20g AUTOPSY? 20	ON GIVEN IN PART b. IF YES, WERE FINI I CERTIFYING CAUS	DINGS USED
	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	YES NO	YES 🗌	NO 🗌
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
(	270 1 certify that (I) (this hosp saw the deceased alive or obave, (I) (we) (did) (did no 27% SIGNATURE	t) view the body	offerdeoth. 19		DEGREE ATTENDING PHYSICIAN The ADDRESS Keyl + Queen	MEDICAL STAFF DIRECTOR PHYSICIAN	and hour and from t	that (II (we) last he couses stated  TE SIGNED  - 19-84  - 2 1620  Personal March 19-18-18-18-18-18-18-18-18-18-18-18-18-18-
23a. [	BURIAL, CREMATION, REMOVAL SPECIFY)BURIAL	236. DATE 2-11			EMETERY OR CREMATORY RSVILLE CEM	SUDLERSVI	LLE COUT A	MD <sup>STATE</sup>
24 F	UNIFICATION &	SON F	. H. ADDRETLI	ING	CON, MDFEB62	13 1984 Julie	REGISTRAR'S SIGN	ATURE

DHMH-16 60M 1 73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and should be detached for use as the buriol-transit permit. Then please remove corbanpopen. Prop. with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

injury, or other troumotic event, the

ony

IMPORTANT: If Item 21 is morked or Item 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

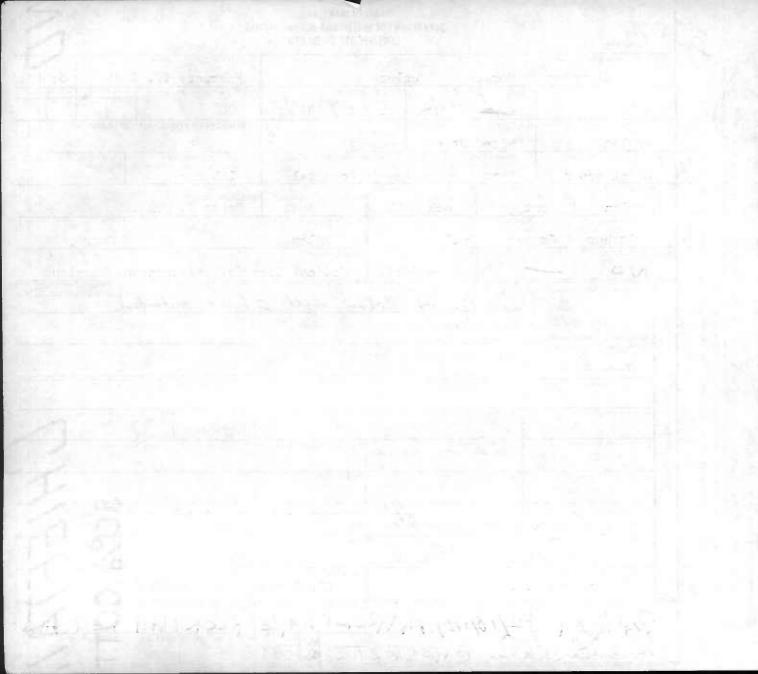
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial fromit parent. Then please remove corbon papers. Page with the State Dept. of Health and Mental Mediene pries to burial, cremation, or removal.

BP\_\_\_\_\_ DHMH - 16 50M 4/82 (VRA 15, 4) FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

a	)	8	3
100			

3. SEX  M.  7a. BIRT	ASED NAME FIRST Clarence  Aale HPLACE (STATE OR FOREIGN UNITRY)	Horace Bu	tler  5. DATE OF BIRTH MONTH, DAY		DATE OF DEATH A February AGE (IN YEARS LAST BIRTH	12, 1	984  FUNDER 1 YEAR	25 HOUF 5:3
3. SEX M. 7a. BIRT	Clarence  Male  HPLACE (STATE OR FOREIGN	4 RACE B/A.N	5. DATE OF BIRTH	6.				_
7a. BIRT	fale	4 RACE B/A.N	5. DATE OF BIRTH	6.				_
7a. BIRT	THPLACE (STATE OR FOREIGN	New PACK	MONTH, DAY	WE CO				
7e. BIRT	THPLACE (STATE OR FOREIGN		2/2/	1914	70	M	ONTHS DATS	HOURS
No.		76. CITIZEN OF WHAT COUNTRY?	8.	- 0	BALTIMORE CITY OR	YRS.	OF DEATH	
		1000	MARRIED WEVE	ER MARRIED A				
TO CITT	ryland OR TOWN OF DEATH	United States 11. NAME OF HOSPITAL NURSI	WIDOWED _	DIVORCED 1	Kent   USUAL OCCUPATION	\NI	T12b. KIND C	C BLICINIE
	Chestertown	(IF NOT IN SUCH FACILITY, GIVE STREET  Kent & Queen	Anne's Hosp	(1	type of work for most of Laborer			r busine.
13e. ST/	RESIDENCE (IF NURSING HOME OF ATE 136 COUI Aryland Kei		VN 134 INSID	E CITY LIMITS? 13	street address Route 2,	Box 2	00 2	166
-	HER'S NAME	MIDDLE LAST acer Butler		ER'S MAIDEN NAME Helen	MIDDLE		Murra	ay
	AS DECEASED EVER IN U.S. AF		JRITY NO. 17 INFOR	MANT	ADDRES	S		
{YES	S, NO OR UNKNOWN) (IF YES, GIT	219-05	-4589 Med	dical Reco	rds, Chest	ertow	n, Mar	yland
NOI!	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH	<u>DEATH</u> BUT NOT RELA		AL DISEASE OR COND  200 AUTOPSY?  YES NOT	20b. IF YES,	WERE FINDIN	NGS USED
CAL	(10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LE EITHER, NOTIFY MEDICAL EXAMINE OLD THE LINE OF OCCURRED	ATH HOUR A.M. MONTH D	AY YEAR 19 21t LOCA		ENTER NATURE OF INJURY			
2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE		REET	CITY OR TOW	N	COUNTY	51
	20.1 certify that (1) this hosp	ital) attended the deceased from.  2 / 2  19  View the body after death.	24, and that in (	ny) (our) opinion deo	th occurred on the dot	e ond hour	,	thos (II) (w
	26. SIGNATURE	Ulum MD	DEGREE	PHYSICIAN DO	MEDICAL STAFF		22c. DATE	SIGNED
2	Kin Kue Wun		22e. ADD		m, Marylan	d 216	20	
22. DII	RIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	,	/	1 51



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely illiad in by the furnhauld be detached for use as the furnhamest permit. Then please remove corbon pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remarkil.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lowretained by the hospital or attending physician.

BP\_\_\_\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4) FOR STATE REGISTRAR

# STATE OF MARYLAND OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	REGISTRAR						RE	G. NO.			
I. DE	CEASED NAME FIRS		MIDDLE		LAST		20 DATE OF DEA		H DAY	Y YEAR	2b. HOUR
	Ma	rgaret		Eugen		rk	Februar				12:54
3. SE	Female	4. RACE	Whit		S. DATE OF BIRTH	4, 1910	6. AGE IN YEARS L		_	UNDER I YEAR	IF UNDER 24 HRS
7a. BI	IRTHPLACE ISTATE OR FOREIGN	76. CITIZ	EN OF WHAT CO		MARRIED   NE	VER MARRIED DIVORCED	BALTIMORE C Kent			F DEATH	<i>N</i>
	Chestertown		OT IN SUCH EACILITY	GIVE STREET AD	HOME OR OTHER		120 USUAL OCCI		Co.	126 KIND O INDUSTRY	F BUSINESS O
	AL RESIDENCE   IF NURSING HO STATE 13b. (	ME OR OTHER INS	100 CITY	PENCE BEFORE ALL YOR TOWN BLETT	113d INS1	IDE CITY LIMITS?	13a STREET ADDR	ESS / ZIP	CODE	01. N	lanor 620
14. FA	Percy V.	Hendr	cickson	LAST			Mann			LAS	ī
	WAS DECEASED EVER IN U.; YES, NO OR UNKNOWN) (IF Y	S. ARMED FOI ES. GIVE WAR OR I		10 0		pital R		Ches 1	tert	town,	Md.
	Canditians, if any, which gave rise to immediate cause (a), stating the	th fe	(b)		Non	al t	aller	e			
ICATION	gave rise to immedia	the lee dut	(b) E TO, OR AS A CO (c) ONS <u>CONTRIBU</u>	ONSEQUEN	N9ch ICE OF		INAL DISEASE OR	206	IF YES, V	WERE FINDING CAUSES	IGS USED
RTIFICATION	gave rise ta immedia cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION	the lee lee lee lee lee lee lee lee lee l	(b)ETO, OR AS A CO	ONSEQUEN	ACE OF  ATH BUT NOT REL	ERFORMED	200 AUTOPSY	20b	IF YES, V CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED
CAL CERTIFICATION	gave rise to immedia cause (a), stating the underlying cause (as PART 2 OTHER SIGNIFICA	th le	(b) E TO, OR AS A CO (c) ONS <u>CONTRIBU</u>	ONSEQUEN	ICE OF		200 AUTOPSY	20b	IF YES, V CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immedia cause (a), stating the underlying cause (a).  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	DUIL  ANT CONDITI  196.  196.  196.  196.  196.  216.  HC  216.	(b)ETO, OR AS A COOL (c)ONS CONTRIBU CONDITION FO TIME OF INJURY	ONSEQUEN  TING TO DE  OR WHICH O  Y  ONTH DAY	ACE OF  ATH BUT NOT RELA  PERATION WAS PI  YEAR  19  216 HO	ERFORMED	200 AUTOPSY	20b	IF YES, V CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
	gave rise to immedia cause (a), stating the underlying cause (a).  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICAL EXAMINE NOTHER OF CONTRIBUTION CON	th le	(b) ETO, OR AS A COOL (c) ONS CONTRIBU  CONDITION FO  TIME OF INJURY OUR A.M. MO P.M. PLACE OF INJURY HOME. STREET, FACTO	ONSEQUEN  ON SEQUEN  ON WHICH O  Y  ONTH DAY  RY  ORY, OFFICE, FAR	YEAR 19 211 LOC	ERFORMED  W INJURY OCCURR	200 AUTOPSY	20b IN ( IN (  OR TOWN  /16/8	IF YES, VCERTIFYII YES	WERE FINDING CAUSES  I I OR PARI 2)  COUNTY	IGS USED OF DEATH? NO  STATE
	gave rise to immedia cause (a), stating the underlying cause (a).  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICAL EXAMINED AT WORK (1) (this saw the deceased all abave, (1) (we) (did) (a).	DUIT IN TONDITH IN TON	(b) ETO, OR AS A COOL (c) ONS CONTRIBU  CONDITION FO  TIME OF INJURY OUR A.M. MO P.M. PLACE OF INJURY HOME. STREET, FACTO	ONSEQUEN  ON SEQUEN  ON WHICH O  Y  ONTH DAY  RY  ORY, OFFICE, FAR	PERATION WAS PI	ERFORMED  W INJURY OCCURE  EATION STREET  (my) (aur) apinian  ATTENDING PHYSICIAN [	200 AUTOPSY	20b IN ( IN (  OR TOWN  /16/3  the date ar	IF YES, V CERTIFYII YES IEM IB PARI	WERE FINDING CAUSES  I I OR PARI 2)  COUNTY	IGS USED OF DEATH? NO  STATE
MEDICAL	gave rise to immedia cause (a), stating the underlying cause last part of the cause (a).  PART 2 OTHER SIGNIFICATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICAL EXAMINE).  21d. INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINE AT WORK AT EXAMINE AT WORK  22a, i certify that (I) (this saw the deceased all abave, (I) (well did) (a).	DUITION DITION OF DEATH HC INTERNATION OF DEATH HC INT	(b) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ONSEQUEN  ON SEQUEN  ON WHICH O  Y  NTH DAY  RY  ONY, OFFICE, FAR  seed from	PERATION WAS PI	ERFORMED  W INJURY OCCURE  EATION STREET  19 (my) (aur) apinian  ATTENDING PHYSICIAN CORES  Chester	200 AUTOPSY YES NO RED (ENTER NATURE C  CITY  10 2  death occurred an	20b IN ( 20b	IF YES, V CERTIFYII YES I SEM 18 PARI	WERE FINDING CAUSES  I I OR PARI 2)  COUNTY	IGS USED OF DEATH? NO  STATE

would also morning things . 7 voted 113 10 (Zer Bosei ni kaponin Tuorination Ed. British C. L. Parada C. V. Labor C. - 3, 12 Co. to de la la company de la comp Columnia com Ball Ches Street, Lt. C. FCS 2 2 584 Can Space

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled within 72 haw the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic

MPORTANT: If them 21 is marked or them 18 shows

FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO	D.		
/ TYPE OR BRIDE	IRST	MIDDLE	L	AST			AY YEAR	26 HOUR
J	ohn	Ralph	(	Copper	February 2	20, 19	34	9:18a
Male	4. RACE whi	te	Dec.		6. AGE (IN YEARS LAST BIR)		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
e. BIRTHPLACE (STATE OR FORI	Us		WIDOWE	D NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY <u>o</u> Kent			M
Chestertown	Ke	E OF HOSPITAL, NURSIN TIN SUCH FACILITY, GIVE STREET NE & Queen	Anne's		Painter			1645
JSUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTI L COUNTY Kent	Kennedyv		13d INSIDE CITY LIMITS?	130 RFD ABIS	CK CSDE	Stati	on
4 FATHER'S NAME FIRST Hope	C. Co	pper		15. MOTHER'S MAIDEN NAM	a Thawley		LAS	1
(YES NO OR UNKNOWN)	U.S. ARMED FOR IF YES, GIVE WAR OR DA		5314	Frances Su	tton Keni		ille,	1645 Md.
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE  DUE hich liggte	to, OR AS A CONSEOU	ENCE OF M	Jucardial	Afances	hòn		manici intervati passet and peated Mucros
				NOT RELATED TO THE TERM	INAL DISEASE OR CONI		WERE FINDIN	
190. DATE OF OPERATIO	140.	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		ING CAUSES	
	SE OF DEATH HO	TIME OF INJURY UR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM IB PA	RT 1 OR PART 2)	
OR CONTRIBUTING CAU  (IF EITHER NOTIFY MEDICAL  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE	(AT H	PLACE OF INJURY DME STREET, FACTORY, OFFICE, F	FARM ETC )	211. LOCATION STREET	CITY OR 10'	wn	COUNTY	STATE
220.1 certify that (I) (the saw the deceased above, (I) (we) (did	olive on	ded the deceased from		nd that in (my) (aur) apinion o	, to death accurred on the do			that (I) (we) las couses stated
226. SIGNATURE	1	13		DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAF		ZZ DATE	21/84

etained by the haspital

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 2/22/84

Bey

Michael

24 FUNERAL DIRECTOR

23. NAME OF CEMETERY OR CREMATORY Church Hill Cem.

Millington, Md.

Church Hill; oun Md.

STATE

^ Chestertown, Md. FEB 23 984 GISTRABIS SIGNATURE , ina Daydson-Mandall

med that is it steams of THE REPORT OF THE PARTY OF THE STATE OF THE LONG THE RESTRICT OF THE PARTY There are not not 18 1 2 3 1904 (Co. Actaul 18)

rector, page 3

## STATE OF MARYLAND

ı	FOR STATE	DEPA	RTMENT OF HEALTH AND ME			
l	REGISTRAR		CERTIFICATE OF DE	REG.	NO.	
I	1. DECEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
ı	Jol	hn Wesley	Daniels		1-18-84	3:50AM
I	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST I		
J	MALE	BIACK	APR: 1 11	1923 60	YRS.	S MOUNS MIN.
	To. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNT	RY? B. MARRIED NEVER MA	9. BALTIMORE CITY	OR COUNTY OF DEATH	
۱	CONTRACT ?	U.S.A		PRCED   Kent		MD.
	10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTIT	UTION 120. USUAL OCCUPA	TION 126. KIND	OF BUSINESS OR
1	Chestertown	The Kent & Out	reen Anne's Hosp	ital (TYPE OF WORK FOR MOS	TOF WORKING LIFE INDUSTR	
1	USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		21	62/1
	136. STATE 13b.	LENT CHES	1-0/1-	LIMITS? 130. STREET ADDRESS	COLLEGE	KAS.
	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S A	MAIDEN NAME		TAST
1	WM.	))ANIE	12   21	MATTIE	COMEC	2 x S
1	160 WAS DECEASED EVER IN U	.S. ARMED FORCES? 166. SOCIAL S	ECURITY NO. 17 INFORMAN	A/A-DIAE DA	RESS NEIS 31	2 College
I	YES !	NWAYE	5 MRSC	KIAER. VE SE	resteplow	merch
ı	18. CAUSE OF DEATH (Er	nter only one cause per line for (a), (b)	, and (c1.)			OXIMATE INTERVAL
1	PART I. DEATH WAS C	CAUSED BY: MEDIATE CAUSE (0) Condo	0	arrest		
ı	4140				304	
ı	Conditions, if any, whi	DUE TO, OR AS A GONS	1 11 0 ( 1)	na		
ı	gove rise to immedia		OUTNICE OF A			
1		ost. Concest	me Cardior	my opathy	and the Real Property lies	
1	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	OFHE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART	1101
ı	& Oastories	desti Heart 1	richer (D)	makete Melly	tu	
à	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORM	MED 20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
	TIEK			YES NO	YES [	NO [
į	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY!		21c HOW INJU	JRY OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2	2)
	OR CONTRIBUTING CAUSE		DAY YEAR			
ı	(IF EITHER, NOTIFY MEDICALEX 21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		10WN COUNTY	STATE
1	WHILE NOT WHILE	AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC ) STREET	CITY OR	TOWN COUNTY	STATE
		hospital) attended the deceased fro	om 1/18	10 84 10 11	19.82	, that (i) (we) last
		did not) view the body ofter death.		ur) opinion death occurred on the	date and hour and from t	
ı	226. SIGNATURE	did not) view the body offer death.	DEGREE		22c. DA	TE SIGNED
f		Cillle		FENDING MEDICAL ST	AFF SICIAN [	
1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRESS	TSICIAN DIRECTOR PRICE	NCIAIT	
1	KIN K	UE WUN	2161	tigh St, Ches	testown has	1. 21620
	230. BURIAL, CREMATION, REM		23c. NAME OF CEMETERY OR CR	EMATORY 23d LOCATION		0
	(SPECY)	1/21/1884	JANESCE		ERTOWNE	IN THE
	24. FUNERAL DIRECTOR	6/	- 1	250. DATE REC'D. BY REGISTRA	AR 256. REGISTRAR'S SIGN	ATURE
	X NAME OU	WEll a haren	"TERTOWNAM	JAN 2 3 1984	1 John &	Comerel
		// // /		100	1 //	7

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medicabox

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hoserined by the hospital or ottending physicion.

A THE AND THE A THEORET AND THE AND THE PARTY OF THE PART A STATE OF THE STA 25 25 3 V 1/2/11/2/ 3V= 816 18. de partie de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata del contrata de la contrata del contrata Densita 31201 Milanten

after death

may be

FOR STATE REGISTRAR

	STATE OF MARYLAND NT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH		9 2 . NO.		
	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR
anklin	F1burn	February	9 10	184	

I. DECEASED NAMI	FIRST	MI	DDLE	1	AST	2ª DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	George		Franklin	n	Elburn	February		34	3:00p
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HI
1	fale	WHITE	=	OCT	- 1001	87	YRS.	MONTHS DAYS	HOURS MI
To. BIRTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8		9. BALTIMORE CITY		Y OF DEATH	
ROCK HA	LL MD.	11.5 A		WIDOWE	D NEVER MARRIED L				
10. CITY OR TOWN				IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS
Chester	own	Kent &	Queen	Anne's	s Hospital	TYPE OF WORK FOR MOS		-	G
USUAL RESIDENCE		OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)		WATERMA		ISEA FO	200
MD.	KEN"	1.	ROCK HALL		13d. INSIDE CITY LIMITS?	13e STREET ADDRES		- X16	41
14. FATHER'S NAME	KEN		KOCK HALL	_	15 MOTHER'S MAIDEN N	LIBERT,	01		
FIRST		MIDDLE	LAST		FIRST	MIDDLE	-	A LAS	ī
JAMES 160 WAS DECEASE	111	MED EODCESS II	ELBUR		17. INFORMANT	KEBECCH		MSHLEY	
EYES, NO OR UNKNO	WN) (IF YES, GIV	E WAR OR DATES)				Daniel R	ED#1	Box #10	06
YES	W.	VI	215-20.	0342	BETTY C	KOUCH 1	SOCK 1	TALL	MD,21
18 CAUSE OF	DEATH (Enter on ATH WAS CAUSE	ly one couse per l	ne for (0), (b), one	d (c).1		1		BETWEEN	MATE INTERVAL ONSET AND DEA
da Per		E CAUSE (o)	Kulma	na	ry Intai	ct		/ d	ny
03:	39	DUE TO, OR	AS A CONSEQUE	NCE OF				Seve	tal
	if any, which	( ib) •	Sepsi.	5				de	VI
gove rise couse (a),	o immediate stating the	DUE TO OR	AS A CONSEQUE	NCE OF					1
underlying	cause last.	(6)							
PART 2 OTH	REIGNIFICANT	ONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	VEN IN PART 100	3,
8 C/1	Prise	avi	terios	ccho	+125 Lit				
NOT STATE OF		196 CONDIT			N WAS PERFORMED	20e AUTOPSY?	206. IF YE	S, WERE FINDIN	NGS USED
Ē						YES NOT	IN CERTI	FYING CAUSES	OF DEATH?
21g. ACCIDENT	WAS UNDERLYING	21b. TIME OF			21c. HOW INJURY OCCU		JURY IN ITEM 18 1	PART I OR PART 2)	
OR CONTRIBUTION	G CAUSE OF DEA	KIPI .	. MONTH DA						
(IF EITHER, NO.	CCURRED	P.M.		19	211 LOCATION				
AALIITE	NOT WHILE		T. FACTORY, OFFICE, F.	ARM, ETC )	STREET	CITY OR	TOWN	COUNTY	STATE
AT WORK	AT WORK			67	2 0	2 7 .	- 0	011	
	hot (I) ( <del>Up 1 - p)</del> deceased alive on	attended the	deceased from	PL	19_0	<u></u>	7	1	that (1) (***)
above, (I	we idid did no	I view the body o	fter death		nd that in (my) (aux) apinia	n death occurred on the	date and had		
22h SIGNATU	RE O	61			DEGREE			22c. DATE	SIGNED
120	us 2	1/ Cer	5000	m=	PHYSICIAN	MEDICAL ST	SICIAN [	2/10	184
2度 PHYSICIA	NAME INFO	e Feinit;	/		22e ADDRESS				
23a BUDIAL CREAM	TION, REMOVAL	1226 DATE	123. N	LAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

retained by the haspital ar attending physician.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

230 BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY MO. 21619 250 DATE RECO

23d LOCATION
CITY OR TOWN
ROCK HALL

MD

REGISTRAR 25% REGISTRAR'S SIGNATURE

_		FOR
1	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

	***	.10			
	REG.	NO.			
3	DATE OF DEATH	MONTH	DAY	YEAR	2b. +

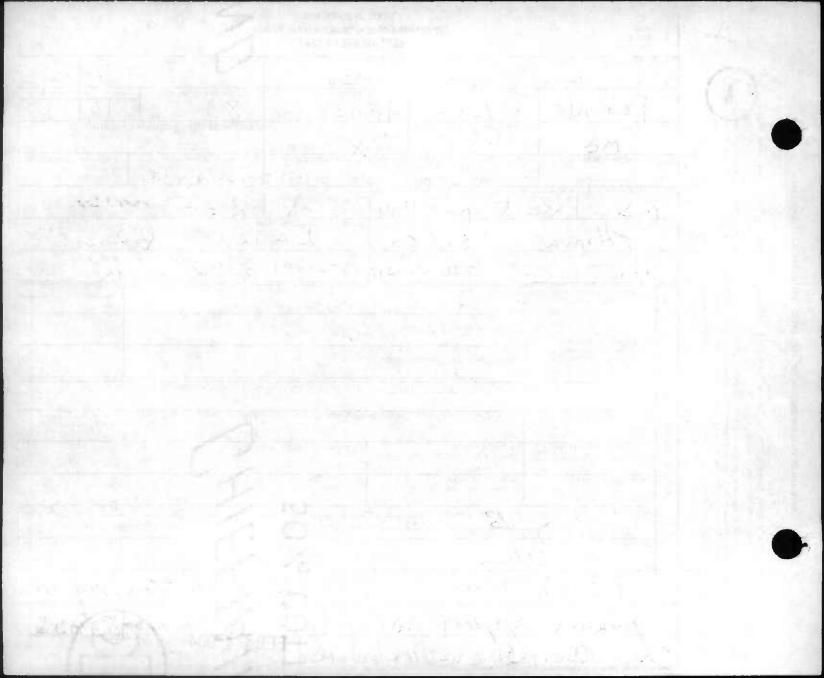
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	ECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
( / TPE	Minnie	Gertrude	Hopkins		2 3 84 2:53
3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 H
1	FEMALE	BACK	APR: 12's, 1900		YRS.
	BIRTHPLACE (STATE OR FOREIGN Th.	CITIZEN OF WHAT COUNTRYS	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	mg	N. 7.14	WIDOWED DIVORCED	Kent	
10 CI		JIF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
	Chestertown T	he Kent & Quee	n Anne's Hospital,	Inc. $AV$	OR
13a. S	STATE 136 COUNTY	13 CITY OR JOY		130. STREET ADDRESS	21161
1	1 / E	W Kock	ALL YES NO NO	IK. C	
14. FA	ATHER'S NAME	DDLE C 451	15. MOTHER'S MAIDEN NA	A MIDDLE	Q 0 1AST /
	THOMAS	5150	10 AH	UKA	DK0015,2
		PAR OR DATES) 166 SOCIAL SECU	5.3249 MRS. JUY	CE SC ST	K.E.
	No		7711	KOCKI	APPROXIMATE WAY
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 6	8Y:	to all h		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
	IMMEDIATE (	- L 11	max obstruct	un.	
	1519	DUE TO, OR AS A CONSEQU	IENCE,OF		
	Canditions, if any, which	( b) Ca	of Stoward		
	gave rise to immediate				
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
		(c)	DE VIVIANTE DE LA CONTRACTOR DE LA CONTR	Alalas Biografia	INON LONG TO THE PARTY OF THE P
Z	PART Z OTHER SIGNIFICANT CO	PROTEINS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	THON GIVEN IN PART 110
ATIO				20a AUTOPSY?	
U	19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	I TAR WOLCLOLD	20b. IF YES, WERE FINDINGS USED
U.	19a DATE OF OPERATION	196. CONDITION FOR WHICH	1 OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
RTIF				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUP	The state of the s	IN CERTIFYING CAUSES OF DEATH? YES NO
		21b. TIME OF INJURY	DAY YEAR 19	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21s. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NOTEM 18 PART LOR PART 2)
MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIE'S MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NOTEM 18 PART LOR PART 2)
	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT BY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	218. TIME OF INJURY HOUR A.M. MONTH D P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DAY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NOTEM 18 PART LOR PART 2)
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a.1 certify that (II) this haspital  sow the deceased where are	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  I) ottended the deceased from 19.00	DAY YEAR  19 211. HOW INJURY OCCUP  19 211. LOCATION  STREET  19 212 213 214 215 215 217 218 219 217	YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW	IN CERTIFYING CAUSES OF DEATH? YES NO
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDIC AL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22d. 1 certify that (II) this hospital saw the deceased after an above (II) we) (did) (did not) y	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  I) ottended the deceased from 19.00	PARM, ETC.)  211. LOCATION STREET  19  70. and that in (my) (aur) apinion	YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW	IN CERTIFYING CAUSES OF DEATH?  YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a.1 certify that (II) this haspital  sow the deceased where are	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  I) ottended the deceased from 19.00	PARM, ETC.)  211. LOCATION STREET  19  211. LOCATION STREET  19  19  19  10  10  10  10  10  10  10	YES NO NO RRED (ENTER NATURE OF INJURY)  CITY OR TOW  to Reach occurred on the date	IN CERTIFYING CAUSES OF DEATH?  YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (II) this haspital saw the deceased affecting above (II) we) (did) (did not).  22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE.  1) attended the deceased fram	PARM, ETC.)  211. LOCATION STREET  19  211. LOCATION STREET  19  4  4  4  4  4  4  4  4  4  4  4  4  4	YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW	IN CERTIFYING CAUSES OF DEATH? YES NO TO THE NOTION OF THE N
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDIC AL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22d. 1 certify that (II) this hospital saw the deceased after an above (II) we) (did) (did not) y	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  1) attended the deceased from view the body after death.	PARM, ETC.)  211. LOCATION STREET  And that in (my) (our) apinion  DEGREE  ATTENDING	YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW  to Occurred on the dot  DEDICAL STAFF	IN CERTIFYING CAUSES OF DEATH? YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (II) this haspital saw the deceased affecting above (II) we) (did) (did not).  22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  1) attended the deceased fram	PARM, ETC.)  211. LOCATION STREET  19  211. LOCATION STREET  19  4  4  4  4  4  4  4  4  4  4  4  4  4	YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW  to Occurred on the dot  DEDICAL STAFF	IN CERTIFYING CAUSES OF DEATH? YES NO TO THE NOTION OF THE N
MEDICAL	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDIC AL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  1) attended the deceased from view the body after death.	PARM, ETC.)  211. LOCATION STREET  212. HOW INJURY OCCUP 19 214. LOCATION STREET  19 215. ADDRESS 216. HOW INJURY OCCUP 19 217. ADDRESS 216. HJM	YES NO RED CENTER NATURE OF INJURY  CITY OR TOW  To Both occurred on the date  MEDICAL STAFF  DIRECTOR PHYSICI  SF. Clus	IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTEY MEDIC ALEXAMINER)  21d. INJURY OCCURRED  WHILE NOTEWHILE AT WORK  220.1 certify that (I) this haspital saw the deceased after an above (II) we) (did) (did not).  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PHYSICIAN) SIGNATURE  BURIAL, CREMATION, REMOVAL (SPECTO)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  1) attended the deceased from view the body after death.	PARM, ETC.)  211. LOCATION STREET  19  211. LOCATION STREET  19  4  4  4  4  4  4  4  4  4  4  4  4  4	YES NO RED CENTER NATURE OF INJURY  CITY OR TOW  To Both occurred on the date  MEDICAL STAFF  DIRECTOR PHYSICI  SF. Clus	IN CERTIFYING CAUSES OF DEATH? YES NO
WEDICAL MEDICAL	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDIC AL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.  1) attended the deceased from view the body after death.	PARM. ETC)  211. LOCATION STREET  212. HOW INJURY OCCUP 19 211. LOCATION STREET  212. ADDRESS 213. ADDRESS 214. ADDRESS 215. ADDRESS 216. Hyd.  NAME OF CEMETERY OR CREMATORY A A C A C A A C E	YES NO RRED (ENTER NATURE OF INJURY  CITY OR TOW  A deoth occurred on the day  MEDICAL STAFF  DIRECTOR PHYSICI  St., Clust  23d LOCATION	IN CERTIFYING CAUSES OF DEATH?  YES NO    YEN TIEM 18. PART 1 OR PART 2)  VIN COUNTY STATE  Though we have and from the causes stated  22c. DATE SIGNED

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tunes should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

retained by the haspital or attending physician



1	7	000
.(	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after clients. For Prosestanded by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter dewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
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BALT	o to	ysicio opers vol.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ertific	d by
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	O HOSPITAL OR ATTENDING PHYSICIAN: The lostoned by the hospital or otherding physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	HOS	FUN old b
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injury, or other troumotic event, the medical

with the State Dept or nearing with the State Or Is morked or Item 1B shows any IMPORTANT: If hem 21 is marked or Item 1B shows any

## FOR

## STATE OF MARYLAND DEPARTMENT OF HEADH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.			
1. DECEASED NAME (TYPE OR PRINT)	Rachel		Emma		Long		Pebruary		L984	26. HOUR 3:08p	
3. SEX Female	= 10.0	RACE	Negro	5. DATE C	. Day	906	6. AGE (IN YEARS LAST	BRIHDAY] YRS.	ME UNDER 1 YEAR	IF UNDER 74 HRS HOURS MIN.	
70. BIRTHPLACE ISTATE COUNTRY) Maryland		CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED	BALTIMORE CITY Kent	OR COUNT	Y OF DEATH	M	
Chesterto	own	Kent	HOSPITAL, NURSII H FACILITY, GIVE STREET & Queen	Anne'			OCCUPA (TYPE OF WORK FOR MOS Domest	LOF WORKING		F BUSINESS OF	
USUAL RESIDENCE (#1 130 STATE Maryland	136 COUNTY Kent		GIVE RESIDENCE BEFOR 13t. CITY OR TOV OCK Ha]	M		NO 🗆	Rock H			1661	
Willian	m Gebtr	y Wh	ite IAST		É	maiden nam	ine Sc	ott	IAS	ī	
160 WAS DECEASED EV (YES, NO OR UNKNOWN NO	VER IN U.S. ARME ) (IF YES, GIVE W		220 03	JRITY NO. 4465	Mary	Beck	Rock H	all,	rid.	661	
18. CAUSE OF DI PART I. DEAT	H WAS CAUSED E	BY:	me for 101, (b), or	le l	brusc	me	COA		BETWEEN	MATE INTERVAL ONSET AND DEATH	
	immediate rating the puse last.	(b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	Tho	d	NAL DISEASE OR CO		IVEN IN PART 110	0'	
190, DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR				IFYING CAUSES	VERE FINDINGS USED NG CAUSES OF DEATH?	
OR CONTRIBUTING	ENT WAS UNDERLYING 21b. TIME OF INJURY BUTING 2 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR NOTIFY MEDICAL EXAMINER) P.M. 19						D (ENTER NATURE OF IN	IJURY IN ITEM 18	PART   OR PART ?)		
WHILE NO	T WHILE WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE,	FARM ETC )	211. LOCATIO STREET	N	City OR	IOWN	COUNTY	STATE	
226 HYSICIAN Patri	ck Molo	teri	e deceosed from 19_ after death		DECREE  A P  TO DECES	ITENDING HYSICIAN	medical Sincertor Physics	TAFF SICIAN [	22c. DATE		
230. BURIAL, CREMATIC Burial		236. DATE 2/21/8			OWN C		23d LOCATION CITY OR TOWN Near	Rock	k Häll.	Md. Md.	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

James A. Perkins

Rock Hall, Md.

AND THE LIST SOUTH FOR ILLY US SHAPE THE TER 126 Ol equal mark Book No. 2 mills left 10 92; and the state of t nettell to the transfer of a ceers pour door hill, its. John S. A. Bardelan Social State (18). The Cast Contract of the Contract of th

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

	STA	TE	OF M	ARYL	AND		
EPARTMENT	OF	HE	ALTH	AND	MENT	AL	H

Country   Pa	2 11 84 2:45 MM T BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS WONTHS DIAYS HOURS MIN. YOR COUNTY OF DEATH Kent  ATION ATION HOW CHEEN 1726. KIND OF BUSINESS OR INDUSTRY
Harold Sherdian Miller Sr.  3. SEX  1. RACE  4. RACE  5. DATE OF BIRTH MONTH DAY 2 25 1915  6. AGE (IN YEARS LAS  BY 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa.  10. CITY OR TOWN OF DEATH Chestertown  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS)  130. STATE  130. STATE  130. STATE  131. CITY OR TOWN 131. INSIDE CITY LIMITS? 132. STREET ADDRESS 133. STATE  134. INSIDE CITY LIMITS? 135. STREET ADDRESS 136. STATE  136. STREET ADDRESS 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 139. STREET ADDRESS 130. STATE  130. STATE  130. STATE  130. STATE  131. CITY OR TOWN 132. CITY OR TOWN 133. INSIDE CITY LIMITS? 134. STREET ADDRESS 135. STREET ADDRESS 136. STATE  137. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS 139. STREET ADDRESS 139. STREET ADDRESS 130. STATE  130. STATE  130. STREET ADDRESS 130. STATE  130.	T BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  WONTHS DAYS HOURS MIN.  YOR COUNTY OF DEATH  Kent  ATION ATION HOUSE LIFE INDUSTRY
MALE  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  70. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED DIVORCED  10. CITY OR TOWN OF DEATH  Chestertown  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE RESIDENCE BEFORE ADDRESS)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESSON)  130. STATE  130. STATE  131. CITY OR TOWN  132. CITY OR TOWN  134. INSIDE CITY LIMITS?  135. STREET ADDRESSON  136. INSIDE CITY LIMITS?  136. STREET ADDRESSON  137. CITY OR TOWN  138. CITY OR TOWN  139. STREET ADDRESSON  130. STATE  130. STREET ADDRESSON  130. STATE  130. STREET ADDRESSON  130. STATE  130. STREET ADDRESSON  140. STREET ADDRESSON  150. STREET ADRESSON  150. STREET ADDRESSON  150. S	Y OR COUNTY OF DEATH  Kent  ATION AT
Country   Pa	Kent  ATION
10. CITY OR TOWN OF DEATH  Chestertown  Chestertown  USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS)  130. STATE  Md.  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS)  The Kent & Queen Anne's Hospital, Inc.  120. USUAL OCCUP  (IF NOT IN SUCH ASCILLAR, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESSION)  130. STATE  130. STREET ADDRESSION  130. INSIDE CITY LIMITS?  YES  NO  Residence And Residenc	ATION 12b. KIND OF BUSINESS OR INDUSTRY
130. STATE Md. NO COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDREST NO RESTORMED RESTORMED NO RESTORMED RESTO	PERATERI PLASTICS
14. FATHER'S NAME	BON 170 21620
1 CHARLES LUTHER MILLER ANNA BELLE	COSBIN
	CHESTERTOWN Md
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO.	ONDITION GIVEN IN PART 110
198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? YES NOT 218. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	INJURY IN ITEM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  AT WORK  OR CONTRIBUTING CAUSE OF DEATH  I. STREET  CITY OF ICE. FARM. ETC.)  STREET  CITY OF ICE. FARM. ETC.)	RTOWN COUNTY STATE
220.1 certify that (I) (this hospital) ottended the deceased from	
bove, (I) (we) (did) (did nat) view the body after death.  221. SIGNATURE  DEGREE  ATTENDING MEDICAL S	STAFF (SICIAN   2/11/84
PATRICK MOLONEY CHESTERTOWN, M	۵.
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	N COUNTY STATE
BURIAL 2/13/84 CRUMETON CEM CRUM	IPTON GA. Md.

LICATION WITH CALL Md CAR HAYARAMA N K KT | Bac 179 Block CHARLES LINEAR PLINES LAND DEVIC CORNER we seem the search and the second that the second the way His care than the D. L. Committee of the contract of the contr Survey of the property of the party of the 1884 from the party of the OF TUNERAL DIRECTOR, when the sentitioner has been signed by the ottending physicion and completely filled in by the further household be detected for use on the turnor towns of the mit. Then please remove corbon popers. Pages, and 2 should be filled with the State Dept of Health and Membel tygenes prior to buriol, cremotion, or removal.

minny, or other troumotic event, the

MPORTANT: If hem 23 is mustified on hem TB shows any

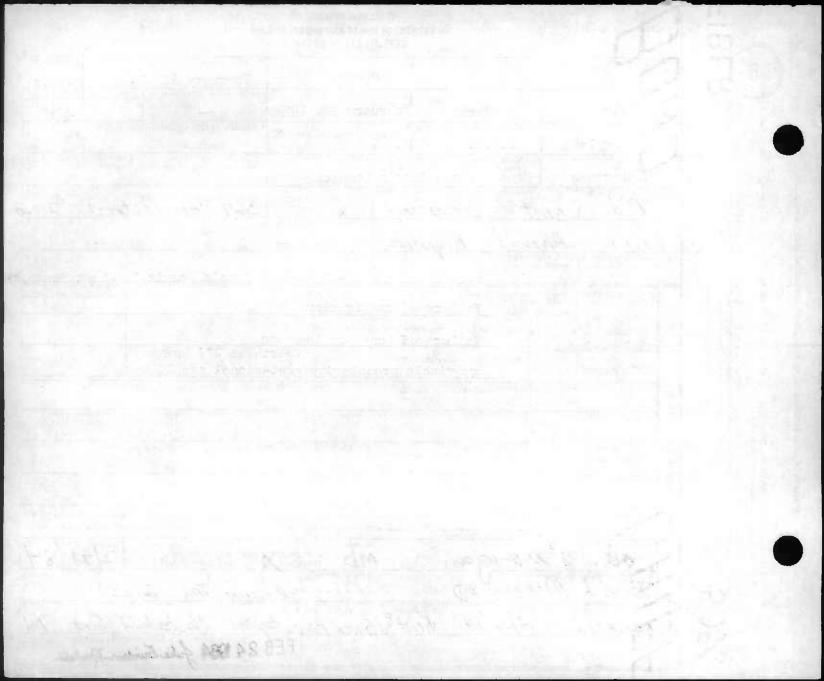
STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYGI	REG. NO.	)		
	1 DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	TYPE OR PRINT)		Mı	ınson	February 21 ,	1984	4:20a M	
	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS	
1	Male	Black	Febri	iary 20, 1984	YRS	MONTHS DAYS	HOURS MIN.	
r	14 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	2 8		9 BALTIMORE CITY OR COUN	TY OF DEATH		
2	Maryland	U.S.A.	WIDOW		Kent		MD	
1	Chestertown	III. NAME OF HOSPITAL, NURSII I IF NOT IN SUCH FACILITY, GIVE STREE Kent & Queen At	nne's	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR	
1	USUAL RESIDENCE (# NURSING 130. STATE)	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?  YES NO   15 MOTHER'S MAIDEN NAM	13. STREET ADDRESS / ZIP CON	\$strect	2/62	
	Y SIBSY A	MIDDLE . D LAST	11-	FIRST	WIDDLE	LAST		
1	16a WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	D/a5	Veronica 17 INFORMANT	Lee	Munson		
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES!	URITANO.					
	No			Kent & Quee	n Anne's Hospit		tertown,	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU    Tailure     DUE TO, OR AS A CONSEOU	JENCE OF of Lui JENCE OF Le pre	maturity(gesta	th wt 277 grms ational age 20 t			
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
1	OR CONTRIBUTION COLOR	ATH HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES B PART TORPART 2)	но 🗌	
	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE INVORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC )	216 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		ital) attended the deceased from.		, 19	, to		hot (I) (we) lost	
	sow the deceased alive on above, (1) (we)   did) (did no	of) view the body ofter death.		DEGREE  ATTENDING	MEDICAL STAFF	22c. DATE S		
	THE PHASICIAN'S NAME LIVE	DR PRINT)  DR GAN MD		PHYSICIAN X 220 ADDRESS	DIRECTOR PATSICIAN	21620	7 (8 /	
ø	23a. BURIAL, CREMATION, REMOVAL	. 236. DATE 236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
	T CREMATES	~122/84 DE	nty	GUEN HAMES HO	paral Clustock	KUN TEN	t Md	
	24 FUNERAL DIRECTOR	ADDASS		2 F F 15	REC'D. BY REGISTRATION REGI	STRAR'S SIGNATU	JRE	

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital ar offending physician

FEB 24 May Alian Varidoon-Randalle



FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

REG. NO

	1. DE {TYPE	CEASED NAME ARTHA	WIDDLE	OUISE	RANSOM		2, 1984	26. HOUR 930 P M
	3. SE	FEMALE	CAUC.	S. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY)  IF UNDER 1 YEAR  MONTHS DAYS  YRS.	IF UNDER 24 HRS
-	C	MARYLAND	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O KENT	OR COUNTY OF DEATH	MD.
1	/	ITY OR TOWN OF DEATH CHESTERTOWN	1 12 WUEE	NGIVE STREET ADDRESS)	DR OTHER INSTITUTION	HOMEMAKE		OF BUSINESS OR
)	USU 13a. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION) ESTERTOWN	YES NO	134 SIRET ADDRESS	en stalle	20
		ATHER'S NAME HOWARD	AIDOLE WA	LĽŠ	EMMÁRST	WE	HURD "	AS1
	16a V	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 S WAR OR DATES) 21	OCIAL SECURITY NO. 8-34-9874	EARL RANSO	M same	SS	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  BUTING TO DEATH BUT		INAL DISEASE OR CONI	DITION GIVEN IN PART 1  206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK	P.M.	NONTH DAY YEAR	211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJUR	YES	NO STATE
		22a.1 certify that (1) (this haspit saw the deceased alive on, bove, (1) (we) (did) (did not 77% S.C.NATURE	) view the body after o		DEGREE ATTENDING PHYSICIAN PHYSICIAN MEDICAL OF	MEDICAL STAF DIRECTOR PHYSIC	ote and hour and from the	ESIGNED
	23a. E	BURIAL, CREMATION REMOVAL	1297F/84	234 NAME OF C	EMETERY OR CREMATORY CEM.	230 LOCATION GAICENA	KENTrountMD	STATE

SON MILLINGTON, MD 21651

DHMH-16 60M 1.73 (VR A 15 (4))

24 FUNERAL DIRECTOR EDW FELLOWS

80

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate terretained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicum should be detached for use as the burial-transit permit. Then please remove carban paperst, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked-or them 18 shaws pay injury, or other traumatic event,

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

16. BIRTHPLACE (STAIL COLORISM) 17. CITIZEN OF WHAT COUNTRY? 18. CITIZEN OF WHAT COUNTRY? 18. COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CAUSE OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CAUSE OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CAUSE OF DEATH HEINER ONLY OF COUNTRY OR DEATH 28. MADE  18. CAUSE OF DEATH HEINER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY		EALTH AND MENTAL HYGIENE ICATE OF DEATH REG. NO.			FOR - STATE REGISTRAR	1			
Selection   Sele			MIDDLE	FIRST					
1 SER   RACE   RACE   S. DATE OF BIRTH   DATE   DATE   TARK   DATE   D	17 84 1:00 P.	tewart 2	Solomia St	Mamio	PE OR PRINT)	(1)			
73. BIRTHACE (STAIR OF FORTH AND COUNTRY) 74. CITIZEN OF WHAT COUNTRY) 75. BIRTHACE (STAIR OF FORTH AND COUNTRY) 76. CITY OR TOWN OF DEATH 76. CITY OR TOWN OF DEATH 77. CITY OR TOWN OF DEATH 78. CITY OR TOWN 78. CIT			RACE / S. DATE OF		EX	3. S			
The BRITHPIACE (10-b) CONDITION OF DEATH  COUNTRY)  ARRIED NEVER MARRED NEVER MARRE		ct. 1, 1800 73	B/ACK DO	ALE	+EM				
B CITY OR TOWN OF DEATH Chestertown  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT HIS STATE AGRES, DORES IN THE STATE AGRES, DESCRIPTION OF STATE AGRES, DORES IN THE STATE AGRES, DESCRIPTION OF STATE AGRES, DORES IN THE STATE AGRES, DENCE IF NURSEACH HOUSE AGRES, DORES IN THE STATE AGRES, DENCE IF NURSEACH HOUSE AGRES, DORES IN THE STATE AGRES, DENCE IN THE STATE AGRES, DORES, DENCE IN THE STATE AGRES, DENCE IN T			CITIZEN OF WHAT COUNTRY? 8	ALE OR FOREIGN 7b. C		70.			
The City or town of Death   11. Name of Hospital Nursing Home or Other Institution   12. Usual occupation   13. Name of Hospital and State Brown   13. Name of Hospital   13. Name of	MD	NEVER MARRIED Kent County	U. S. A MARRIED	9.	COUNTRY) MC	9			
Chestertown  Kent and Queen Anne 's Hospital   Discussion on Chief the Mission of Control of Contro	126. KIND OF BUSINESS OR	OR OTHER INSTITUTION 120 USUAL OCCUPATION	NAME OF HOSPITAL, NURSING HOME OF	OF DEATH 11.	CITY OR TOWN OF	J 10.			
THE STATE  THE CENTRY CREATION  THE PART IS ADDRESS / ZIP CODE  THE FATHER'S NAME  MODIE  THE PART IS ADDRESS / ZIP CODE  THE FATHER'S NAME  MODIE  THE PART IS ADDRESS / ZIP CODE  THE FATHER'S NAME  MODIE  THE PART IS ADDRESS / ZIP CODE  THE FATHER'S NAME  MODIE  THE PART IS ADDRESS / ZIP CODE  THE FATHER'S NAME  MODIE  THE PART IS ADDRESS / ZIP CODE  THE FATHER'S NAME  MODIE  THE PART IS ADDRESS / ZIP CODE  MASS DECEASE EVER IN U.S. ARMED FORCES?  THE PART IS ADDRESS / ZIP CODE  MODIE  THE PART IS ADDRESS / ZIP CODE  THE P		's Hospital	Kent and Queen Anne			1			
Tide WAS DECEASED EVER IN U.S. ARMED FORCES?   Tide SOCIAL SECURITY NO.   17. INFORMANT   DIPESS   D	FODE 3 G.20	YES & NO 1 708 1	& Chestertum	13 COUNTY	I STATE	5 13			
18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (cs.)   216 - 14 - 97 - 62   216 - 216	TATIOR	15. MOTHER'S MAIDEN NAME		MODI	FATHER'S NAME	7			
TOTAL   CAUSE OF DEATH   Enter only one couse per line for (D), (b), and (C1)   PARTI DEATH WAS CAUSED BY:	17/10/11/11/11	17 INFORMANT A ADDRESS	D FORCES? THE SOCIAL SECURITY NO	EVER IN U.S. ARMED	WAS DECEASED E	160			
PART I. DE ATH WAS CAUSED BY:    IMMEDIATE CAUSE   10	120026 Highst	MRS. NORMA / HONA			(YES, NO OR UNKNOWN				
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 286 IF YES, WERE FIND IN CERTIFYING CAUSI YES NO 216. ACCIDENT WAS UNDERLYING 2015 OF DEATH (IF EITHER, NOTEY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 P.M. 19 P.M		Donal Surbul	DUE TO, OR AS A CONSEQUENCE OF  (c)	if ony, which to immediate stating the couse last.	Conditions, if gove rise to cause (a), sunderlying conditions				
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET  212. LOCATION STREET  213. LOCATION STREET  214. FUNDERAL DIRECTOR  P.M.  19  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217. LOCATION STREET  218. LOCATION STREET  219  310. LOCATION STREET  CITY OR TOWN  COUNTY						NOL			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY BEDICAL EXAMINER)  216. INJURY OCCURRED  216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  226. I certify that (I) (this hospital) attended the deceased from	CERTIFYING CAUSES OF DEATH?	IN	196 CONDITION FOR WHICH OPERATION	)PERATION	190 DATE OF OP	TIFICA			
220. I certify that (I) (this hospital) attended the deceased from	(TEM 18 PART T OR PART 2)	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN II	HOUR A.M. MONTH DAY YEAR	NG CAUSE OF DEATH	On COLUMNIA IN LO				
sow the deceased alive an obove, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	COUNTY STATE			NOT WHITE		MEDIC			
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIREC			19, and	deceased alive on	sow the de				
24 FUNERAL DIRECTOR 2/24 81 ) ANES CEM - CHES GRACES SIGN.	221. DATE SIGNED 2/8/54	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	tous un	ont	276 STONATURE				
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN.	ZOSOFKED STATE	C dity on town	236. DATE 236 NAME OF CE	TION, REMOVAL 2	BURIAL, CREMATI	230			
C NEST CK ANAL I LU G G 1904 7 TO CK ANAL I LU G 19	REGISTRAR'S SIGNATURE		a character	TOR COLL DE		24			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO TUNITAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the stranged of a shalled in the though the detection of successions of the stranged of 2 shalled in the stranged of the stranged of 2 shalled in the stranged of the stranged of 2 shalled in the stranged of the stranged of 2 shalled in the stranged of the stranged of 2 shalled in the stranged of 3 shalled

WEORTANT If them 21 is morked or them 18 sharks any injury, or other froumotic event, the medical even

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 34 ha

retained by the haspital or attending physician.

The state of the s 

ctor, page 3 softer death

death. Page 4 may be

executed within 24 hours ofter

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		-

REGISTRAR			CERTIF	ICATE OF DEATH	REC	G. NO.		
1. DECEASED NAME FIRST	M	HDDLE	l l	AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
(TYPE OR PRINT) Pearle	Virgi	nia We	elch		Febr	uary 1	4,1984	7:30p.
3. SEX	4 RACE	1000	5. DATE C		6 AGE IN YEARS LA	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	9	11	15 DAY 14 YEAR	69	YRS		HOURS MIN.
O. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT		0.	
Maryland	U.S.	Α.	WIDOWE		Kent			MD
CITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCU			F BUSINESS OR
Chestertown	The Ken	t&Queen	Anne'	s Hospital, IN	House		G (WE)   INDUSTRY	
JSUAL RESIDENCE (IF NURSING FOME COL 130. STATE IN COL Maryland K		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Church	N	134 INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CO	21623	
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA				
Raymond Massey	Younger	LAST		Esther Power	all MIDD	TE	LAS	1
Mas DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		DDRESS		
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	220-28-4	769	Calvin J. We	elch. Sr.,	Churc	ch Hill.	MD
18 CAUSE OF DEATH (Enter of	noly noe course per	line for (a) (b) ass	Aur. 1	,				MATE INTERVAL ONSET AND DEATH
COUSE 101, stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF IN CER	GIVEN IN PART 110 YES, WERE FINDIN RTIFYING CAUSES YES	4GS USED
210. ACCIDENT WAS UNDERLYING	21b. TIME OF	FINJURY		21c. HOW INJURY OCCUR				110 []
	TAIN	A. MONTH DA		13.5				
OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE C		ARM, ETC )	21L LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive a above, (1) (yet) (ald), did n				nd that in (my) (our) apinion	death occurred on t	ne date and l		that (I) (we) lost couses stated
22b. SIGNATURE	12	Den		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF YSICIAN [	??c. DATE	SIGNED
22d. PHYSICIAN'S NAME   TYPE				77e ADDRESS				
230. BURIAL, CREMATION, REMOVA Burial	236. DATE 02/1	100.1		EMETERY OR CREMATORY Hill Cemetary		Hill I	COUNTY	STATE
24 FUNERAL DIRECTOR Helfenbein Fune	eral Home		ter,	25a. DAT	B 2 7 1984	RAR 256. REG	Daydon-N	URED. DO

Chester, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbandopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at removal. IMPORTAIT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the disciplination of the property of them 18 shows any injury.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician

The order of the second second